



# Medi-Cal Rx Contract Drugs List – Over the Counter Drugs

January 1, 2022

## Revision History

Drug Name	Description	Policy Effective Date
Ibuprofen	Tablets (200 mg) & suspension (100 mg/5 ml) added.	November 1, 2021
Sennosides	Added to CDL.	December 1, 2021
Ketotifen Fumarate	Added to CDL.	December 1, 2021
Fexofenadine	Added to CDL.	January 1, 2022
Docusate sodium	Additional formulation (enema) added to CDL with labeler restriction (17433).	January 1, 2022
Docusate sodium/ benzocaine	Added to CDL with labeler restriction (17433).	January 1, 2022
Benzoyl Peroxide	Additional formulation (wash) added to CDL.	January 1, 2022

This section lists the drug products and units of measure for Over-the-Counter (OTC) contract drugs. OTC drugs are included in the per-diem rate for beneficiaries in nursing facilities, including subacute patients. With the exception of insulin, providers cannot separately bill any OTC drugs for beneficiaries in these facilities. For additional help, refer to the Contract Drugs List (CDL) section of the *Medi-Cal Rx Provider Manual*.

On March 24, 2011, legislation was passed in California eliminating OTC cough and cold products as a covered pharmacy benefit. As a result of this legislation, effective March 1, 2012, OTC cough and cold products are not a benefit of the Medi-Cal program. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible beneficiaries are exempt from this benefit elimination.

**Restriction:** All OTC antihistamines, OTC decongestants, and OTC antihistamine/decongestant combination drug products are restricted to individuals 2 years of age and older. This age restriction is based on current Federal Drug Administration (FDA) recommendations. Authorization is required for individuals under 2 years of age.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
<b>ANALGESICS: NON-NARCOTICS</b>					
Acetaminophen	Tablets or Capsules	325 mg	ea	AL	
		500 mg	ea		
	Tablets, Extended Release	650 mg	ea		
	Tablets, chewable	160 mg	ea		
	Liquid *	160 mg/5 ml	ml		
		60 ml	ml		
		120 ml	ml		
		240 ml	ml		
		480 ml	ml		
	Drops *	100 mg/ml	ml		
	Suppositories	80 mg	ea		
		120 mg	ea		
		325 mg	ea		

\* Restricted to individuals younger than 21 years of age for the liquid and drops only.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Aspirin	Tablets or capsules	325 mg 650 mg	ea ea		
	Tablets or capsules, buffered	325 mg	ea		
	E.C. pellet capsules	81 mg	ea		
	E.C. tablets	81 mg 325 mg 650 mg	ea ea ea		
	Chewable tablet	81 mg	ea		
Ibuprofen	Tablets	200 mg	ea		
	Suspension	100 mg/5 ml	ml		
<b>ANTI-INFECTIVES: ANTHELMINTICS</b>					
Pyrantel Pamoate	Liquid		ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
AUTONOMIC DRUGS: ANTI-ASTHMATICS					
Epinephrine	Inhalation	1:44 to 1:50 1:100	ml ml		
AUTONOMIC DRUGS: ANTI-EMETICS					
Meclizine	Tablets		ea		
	Tablets, chewable		ea		
AUTONOMIC DRUGS: ANTIHISTAMINES					
Brompheniramine Maleate *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Cetirizine HCl	Tablets	5 mg 10 mg	ea ea		
	Liquid	1 mg/1 ml	ml		
Chlorpheniramine Maleate *	Liquid, syrup		ml	AL	* Restricted to individuals 2 years of age and older
	Tablets	4 mg	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Dexbrompheniramine Maleate *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.
	Tablets, chewable		ea		
	Liquid		ml		
Diphenhydramine Hydrochloride *	Capsules	25 mg	ea	AL	* Restricted to use in the treatment of allergies or allergic conditions only and to individuals 2 years of age and older.
		50 mg	ea		
	Liquid or syrup	12.5 mg/5 ml	ml		
	Tablets	25 mg	ea		
		50 mg	ea		
Fexofenadine	Tablets	180 mg	ea		
Loratadine *	Tablets	10 mg	ea	AL	* Restricted to individuals 2 years of age and older.
	Liquid	5 mg/5 ml	ml		
Tripoloridine *	Drops		ml	AL	* Restricted to individuals 2 years of age and older.
	Syrup		ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
<b>BLOOD MODIFIERS: HEMATINICS</b>					
Ferrous Sulfate	Tablets	200 mg	ea		
		325 mg	ea		
	Drops	15 mg/0.6 ml	ml		
	Liquid	15 mg	ml		
<b>DILUENT</b>					
Propylene glycol	Liquid		ea		
<b>GASTRO-INTESTINAL DRUGS: ANTACIDS AND ADSORBENTS</b>					
Aluminum and magnesium hydroxide gel	Tablets		ea		
	Tablets double strength		ea		
	Liquid		ml		
Aluminum Hydroxide and Magnesium Trisilicate gel	Tablets	80 mg-20 mg 160 mg-40 mg	ea ea		
	Liquid		ml		



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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Aluminum Hydroxide gel	Tablets or capsules	325 mg	ea		
		475-500 mg	ea		
		650 mg	ea		
	Liquid		ml		
Aluminum Hydroxide, Magnesium Hydroxide, and Simethicone	Tablets	200 mg-200 mg-20 mg	ea		
		200 mg-200 mg-25 mg	ea		
		240 mg-240 mg-20 mg	ea		
		300 mg-200 mg-25 mg	ea		
		400 mg-400 mg-30 mg	ea		
	Liquid	200 mg-200 mg-20 mg /5 ml	ml		
		200 mg-200 mg-25 mg /5 ml	ml		
		225 mg-200 mg-25 mg /5 ml	ml		
		240 mg-240 mg-20 mg /5 ml	ml		
		300 mg-200 mg-25 mg /5 ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)		400 mg-400 mg-30 or 40 mg/5 ml 500 mg-450 mg-40 mg /5 ml	ml ml		
Calcium Carbonate and Magnesium Carbonate	Tablets		ea		
<b>GASTRO-INTESTINAL DRUGS: ANTI-DIARRHEA AGENTS</b>					
Bismuth Subsalicylate	Tablets	262 mg	ea		
	Tablets, chewable	262 mg	ea		
	Liquid	262 mg/15 ml 524 mg/15 ml 525 mg/15 ml	ml ml ml		
<b>GASTRO-INTESTINAL DRUGS: LAXATIVES</b>					
Bisacodyl	Suppositories +	10 mg	ea		
Docusate sodium	Capsules +	100 mg 250 mg	ea ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Enema *	100 mg/5 ml 283 mg/5 ml (5 ml x 5)	ea ea	LR	* Restricted to NDC labeler code 17433 for rectal enemas only.
Docusate sodium/ benzocaine *	Enema	283 mg-20 mg/5 ml (5ml x 5)	ea	LR	* Restricted to NDC labeler code 17433.
Polyethylene glycol 3350	Powder	238 gm 510 gm	gm gm		
Sennosides	Tablets	8.6 mg	ea		
<b>HORMONES: CONTRACEPTIVES</b>					
Levonorgestrel	Tablets	1.5 mg *	ea	QL	* Restricted to a maximum quantity of one tablet per dispensing with a maximum of six dispensings in any 12-month period and to use in females only.
Nonoxynol 9 contraceptive products	Cream with applicator		gm		
	Refill		gm		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)	Foam with applicator		gm		
	Refill		gm		
	Jelly with applicator		gm		
	Refill		gm		
	Suppositories		ea		
	With applicator		ea		
	Without applicator		ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
<b>HORMONES: HYPOGLYCEMICS</b>					
Insulin	Injections: Lente, NPH, Protamine Zinc, Semilente, Ultralente	40 Units/ml 10 ml	ml		A separately payable benefit for beneficiaries in nursing facilities, including subacute patients.
		80 Units/ml 10 ml	ml		
		100 Units/ml 10 ml	ml		
	Lente, NPH, Protamine Zinc (purified pork) Regular	100 Units/ml 10 ml	ml		
		40 Units/ml 10 ml	ml		
		80 Units/ml 10 ml	ml		
	Regular (purified pork)	100 Units/ml 10 ml	ml		
		40 Units/ml 10 ml	ml		
		80 Units/ml 10 ml	ml		
	Globin	100 Units/ml 10 ml	ml		
		40 Units/ml 10 ml	ml		
		80 Units/ml 10 ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Insulin (human)	Injections:				A separately payable benefit for beneficiaries in nursing facilities, including subacute patients.
	Regular	100 Units/ml	ml		
	Lente	100 Units/ml	ml		
	NPH	100 Units/ml	ml		
	NPH 50 % and Regular 50 %	100 Units/ml	ml		
	NPH 70 % and Regular 30 % Ultralente	100 Units/ml 100 Units/ml	ml ml		
METABOLIC SUPPLEMENTS: CALCIUM SUPPLEMENTS AND VITAMIN D ANALOGS					
Calcium Carbonate	Tablets or capsules	650 mg 1250 mg	ea ea		
Calcium Gluconate	Tablets or wafers	325 mg 500 mg 650 mg 1 gm	ea ea ea ea		
Calcium Lactate	Tablets	325 mg 650 mg	ea ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
<b>METABOLIC SUPPLEMENTS: VITAMINS</b>					
Folic acid *	Tablets	400 µg (0.4mg)	ea	AL	* Restricted to females, ages 14 through 45 years, to prevent neural tube defects in current and future pregnancies only.
Pyridoxine	Tablets	10 mg 25 mg 50 mg 100 mg	ea ea ea ea		
Sodium Fluoride *	Tablets +  Chewable tablets +  Drops Solution (does not include rinses)	2.2 mg  0.25 (0.55) mg 0.50 (1.1) mg 1.0 (2.2) mg	ea  ea ea ea ml ml	QL	*Not subject to the 100 maximum calendar day supply limitation.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Vitamins A, D, and C with Sodium Fluoride †	Chewable tablets +	100's	ea	AL	Reimbursable for children up to the 5th birthday only.
	Drops	50 ml	ml†		
Vitamins A, D, C	Drops	30 m 50 ml	ml ml	AL	Reimbursable for children up to the 5th birthday only.
	Chewable tablets		ea		
Vitamins A, D, C with iron	Drops	50 ml	ml	AL	Reimbursable for children up to the 5th birthday only.
Vitamins-mineral *	Tablets or capsules	Combination product, prenatal  Nonprescription only	ea		*Restricted to use by an expectant female with confirmed positive pregnancy test conducted by her physician. (1) The nonprescription prenatal product tablet or capsule shall contain the following: (A) Not less than one-half nor more than the U.S. Recommended Dietary Allowance for pregnant women



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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					<p>based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamins A (e.g., 5,000 IU) and vitamin D (e.g., 400 IU).            (B) Not less than one-half nor more than twice the U.S. Recommended Dietary Allowance for pregnant women as established by the National Academy of Sciences, Washington, D.C., 1980, of vitamins B1, (e.g., 1.5 mg), B2 (e.g., 1.6 mg), B6 (e.g., 2.6 mg), B12 (e.g., 4 mcg), C (e.g., 80 mg) and B3 Niacin (e.g., 16 mg).            (C) Not less than the equivalent of 200mg elemental Calcium, and 30 mg elemental Iron.</p>

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					(2) The nonprescription prenatal product may contain the following: (A) Up to the U.S. Recommended Dietary Allowance for pregnant women based on dietary standards established by the National Academy of Sciences, Washington, D.C., 1980 of vitamin E (e.g., 15 IU), Folic Acid (e.g., 0.8 mg), Phosphorus (e.g., 1200 mg), Magnesium (e.g., 450 mg), except for Iodine (200 mcg), and Zinc (25 mg).
<b>MISCELLANEOUS: ANTIHISTAMINE AND DECONGESTANT COMBINATIONS</b>					
Dexbrompheniramine Maleate/ Phenylephrine *	Tablets  Liquid		ea  ml	AL	* Restricted to individuals 2 years of age and older.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Doxylamine Succinate/ Phenylephrine *	Tablets		ea	AL	*Restricted to individuals 2 years of age and older.
Doxylamine Succinate/ Pseudoephedrine *	Liquid		ml	AL	*Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Brompheniramine Maleate *	Solution		ml	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Chlorpheniramine Maleate *	Liquid Tablets		ml ea	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Diphenhydramine Hydrochloride *	Liquid, Solution Tablets		ml ea	AL	* Restricted to individuals 2 years of age and older.
Phenylephrine Hydrochloride/ Pyrilamine Maleate *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Phenylephrine Hydrochloride/ Tripolidine *	Liquid, Solution  Tablets	10 – 2.5 mg/5 ml  10 mg/2.5 mg	ml  ea	AL	* Restricted to individuals 2 years of age and older.
Pseudoephedrine hydrochloride/ brompheniramine maleate *	Liquid		ml	AL	* Restricted to individuals 2 years of age and older.
Pseudoephedrine hydrochloride/ chlorpheniramine maleate *	Liquid, syrup  Tablets		ml  ea	AL	* Restricted to individuals 2 years of age and older.
Pseudoephedrine hydrochloride/ dextbrompheniramine maleate *	Solution  Tablets		ml  ea	AL	* Restricted to individuals 2 years of age and older.
Pseudoephedrine Hydrochloride/ Tripolidine Hydrochloride *	Liquid, syrup  Tablets		ml  ea	AL	Restricted to individuals 2 years of age and older.
Tripolidine/ Phenylephrine *	Tablets		ea	AL	* Restricted to individuals 2 years of age and older.

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Tripolidine/ Pseudoephedrine *	Tablets Syrup		ea ml	AL	* Restricted to individuals 2 years of age and older.
<b>MISCELLANEOUS: BRONCHO-PULMONARY SECRETION MODIFIERS</b>					
Sodium Chloride for Inhalation	Solution	0.9 %	ml		
	Aerosol solution	0.9 %	ml		
<b>MISCELLANEOUS: DECONGESTANTS</b>					
Phenylephrine Hydrochloride*	Solution		ml	AL	* Restricted to individuals 2 years of age and older.
	Tablets	10 mg	ea		
Pseudoephedrine hydrochloride *	Liquid, syrup	15 mg/5 ml	ml	AL	* Restricted to individuals 2 years of age and older.
		30 mg/5 ml	ml		
	Tablets, immediate release	30 mg	ea		
		60 mg	ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
<b>MISCELLANEOUS: ELECTROLYTE SOLUTIONS</b>					
Electrolytes, oral maintenance	Composition       Liquid, ready-to- use	Sodium - 40 to 60 mEq/L Potassium - 20mEq/L Anions Carbohydrate- Glucose/dextrose 2.0% (20 gm/L) to 2.5% (25 gm/L) 480 ml and above	ml		
<b>MISCELLANEOUS: SMOKING DETERRENTS</b>					
Nicotine *	Transdermal system	7 mg/24 hr 14 mg/24 hr 21 mg/24 hr	ea ea ea	QL	* To be part of comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to (1) a maximum quantity of 28 patches per dispensing; (2) one dispensing in any 25-day period; and (3)

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					<p>eight dispensings within a 12-month period.</p> <p><b>Note:</b> Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.</p> <p><b>Note:</b> Refer to the Reimbursement section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.</p>
Nicotine Polacrilex *	Gum	2 mg 4 mg	ea ea	QL	<p>* To be part of comprehensive smoking cessation treatment, which includes behavioral modification support. Also restricted to (1) a maximum quantity of 220 lozenges or pieces of gum per dispensing; (2) one dispensing in any 25-day</p>
	Lozenges	2 mg 4 mg	ea ea		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
(continued)					<p>period; and (3) therapy lasting up to 28 weeks from the dispensing date of the first prescription.</p> <p><b>Note:</b> Pharmacies no longer need to obtain or verify a letter or certificate prior to dispensing.</p> <p><b>Note:</b> Refer to the Reimbursement section of this manual for reimbursement guidelines and details concerning the use of smoking cessation products during pregnancy for fee-for-service Medi-Cal patients.</p>
<b>NASAL CORTICOSTEROIDS</b>					
Fluticasone Furoate	Nasal spray	27.5 mcg/actuation 9.9 ml 15.8 ml	ml ml		



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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Fluticasone Propionate	Nasal spray	50 mcg/actuation 9.9 ml 15.8 ml	ml ml		
<b>OPHTHALMIC PREPARATIONS: OPHTHALMIC ANTIHISTAMINES</b>					
Ketotifen Fumarate	Ophthalmic drops	0.025 %	ml		
<b>OPHTHALMIC PREPARATIONS: OPHTHALMIC MISCELLANEOUS</b>					
Sodium Chloride Ophthalmic	Ophthalmic ointment	5 %	gm		
	Ophthalmic solution	2 % 5 %	ml ml		
Tyloxapol with Benzalkonium Chloride	Ophthalmic solution	0.25 %-0.02 % /15 ml	ml		
<b>TOPICAL AND LOCAL PREPARATIONS: DERMATOLOGICAL PREPARATIONS</b>					
Aluminum Acetate	Tablets		ea		
	Liquid solution – not lotion		ml		
	Powder packets	12s 100s	ea ea		

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Bacitracin/Bacitracin Zinc	Topical ointment	15 gm 30 gm 120 gm	gm gm gm		
Benzoyl Peroxide	Gel  Wash	5 % 10 % 5 % 10 %	gm gm gm gm		
Calamine Lotion			ml		
Hydrocortisone	Cream  Ointment  Lotion	0.5 % 1 % 0.5 % 1 % 0.5 % 1 %	gm gm gm gm ml ml		
Permethrin	Cream rinse	1 % 60 ml	ml		
Polymyxin, b sulfate and bacitracin zinc	Ointment	10,000U-500U/gm 10,000U-500U/gm	gm gm		
Pyrethrins, Piperonyl Butoxide, Petroleum Distillate	Liquid	60 ml 120 ml	ml ml		

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Tolnaftate	Liquid	1 %	ml		
	Cream	1 %	gm		
<b>TOPICAL AND LOCAL PREPARATIONS: VAGINAL PREPARATIONS</b>					
Butoconazole Nitrate	Vaginal cream (prefilled applicator)	2 %	gm		
Clotrimazole	Vaginal cream	1 %	gm		
		2 %	gm		
	Vaginal tablets	100 mg      7s	ea		
	Topical cream	1 %	gm		
	Topical lotion	1 %      30 ml	ml		
	Topical solution	1 %      10 ml	ml		
		30 ml	ml		

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Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code 1
Miconazole Nitrate	Topical cream	2 %	gm		
	Vaginal suppositories	100 mg      7's	ea		
	Vaginal cream	2 %	gm		
	Dual package	(Topical cream 2%, 3 vaginal suppositories 200 mg)	ea package		

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DOS Drugs/No Longer MFGR	Strength	End Date
Aluminum Carbonate gel, basic	Capsules equivalent to 500 mg aluminum hydroxide, Tablets equivalent to 500 mg aluminum hydroxide, Suspension equivalent to 400 mg aluminum hydroxide per 5cc.	These products are no longer manufactured or available.
Coal Tar	Cream or ointment	These products are no longer manufactured or available.
Dicalcium Phosphate with or without vitamin D	Capsules, tablets, or wafers 105 mg	These products are no longer manufactured or available.
Ferrous Sulfate suspension drops	15 mg/1.5 mg (118ml)	Suspension drops. Suspended until further notice.
Levonorgestrel	Tablets: 0.75 mg	9/30/2015
Liquor Carbonis Detergens		This product is no longer manufactured or available.
Naphazoline HCL and Antazoline Phosphate	Ophthalmic solution 0.05 % – 0.5%	This product is no longer manufactured or available.
Niacin	Tablets: 25 mg, 50 mg, 100 mg, 500 mg	8/31/2005

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DOS Drugs/No Longer MFGR	Strength	End Date
Octoxynol 9 contraceptive products	Cream with applicator (gm), foam with applicator (gm), jelly with applicator (gm)	These products are no longer manufactured or available.
Omeprazole Magnesium	Tablets: 20.6 mg	4/30/2016
Pseudoephedrine Hydrochloride/Diphenhydramine Hydrochloride	Liquid	This product is no longer manufactured or available.
Quinine	Capsules or tablets: 200 mg, 325 mg	5/1/2007